

Indianapolis Housing Authority Rent Comparable Survey

To document a rent increase, the owner may provide information for **unassisted** comparable rents that are truly representative of the subject property or if other "like and similar" unassisted unit rents within the same zip code. Amenities are to include in this comparability are those items that are included as rent and do not have an additional charge for use.

Date: _____

No. of Bedrooms: _____

Codes for Utilities Paid by Owner		
E= Electric	S=Steam Heat	P2= Hot Water Paid
G=Gas	P0=No Utilities Paid	P3=All Electric Paid
W=Water Paid	P1=Heat Paid	P4=A/C Paid

Amenities		
CH=Clubhouse	MW=Microwave	PL=Pool
CP=Carport	GA=Garage	S/FC=Spa/Fitness Center
FP=Fireplace	PG=Playground	W/D=Washer/Dryer Hookups

Address (Community Name, Address, Zip Code)	No. of Units	Square Footage	No. of Baths	Security Deposit	Pet Deposit	Rent Charged	\$ and/or % of Rent Increased Last 12 Months	Utilities Paid by Owner	Amenities	Current Specials

Instructions: Complete this form for each bedroom size. Please include at least 3 comparables for each bedroom size. Also, the rent charged for your unit must be compared to similar unassisted units in the marketplace not owned by you.

Certified by: _____

Name: _____

Address of unit where rent increase is proposed: _____

Note: Before any increase in the rent, the IHA must approve the rent increase proposed by the owner and accepted by the program participant. The IHA must determine and document whether the proposed rent is reasonable compared to similar unassisted units in the marketplace and not higher than those rents paid by unassisted tenants in other rental units owned by the landlord.